

SCHOOL BUS PRE-TRIP INSPECTION REPORT

District / Carrier _____ Date _____

Bus Number _____ Starting Mileage _____ Ending Mileage _____

Driver Name / Driver Designee _____

	<u>CHECKED</u>			<u>CHECKED</u>	
	Ok	Defect		Ok	Defect
ENGINE COMPARTMENT: ***Hood MUST be opened***					
Oil level	<input type="checkbox"/>	<input type="checkbox"/>	AIR BRAKE SYSTEM:	<input type="checkbox"/>	<input type="checkbox"/>
Auto transmission fluid level	<input type="checkbox"/>	<input type="checkbox"/>	Air leak check (1 minute test)	<input type="checkbox"/>	<input type="checkbox"/>
Alternator	<input type="checkbox"/>	<input type="checkbox"/>	Low air warning (buzzer/ light)	<input type="checkbox"/>	<input type="checkbox"/>
Belts and hoses	<input type="checkbox"/>	<input type="checkbox"/>	Emergency brake system engaged	<input type="checkbox"/>	<input type="checkbox"/>
Coolant level	<input type="checkbox"/>	<input type="checkbox"/>	Parking brake	<input type="checkbox"/>	<input type="checkbox"/>
Water pump	<input type="checkbox"/>	<input type="checkbox"/>	Service brake	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor (air brakes)	<input type="checkbox"/>	<input type="checkbox"/>			
Master cylinder (hydraulic)	<input type="checkbox"/>	<input type="checkbox"/>	INTERNAL INSPECTION:		
Check for leaks	<input type="checkbox"/>	<input type="checkbox"/>	<u>*Engine running, parking brake applied*</u>		
Steering gear box & hoses	<input type="checkbox"/>	<input type="checkbox"/>	Oil pressure builds	<input type="checkbox"/>	<input type="checkbox"/>
Steering linkage (Left/Right)	<input type="checkbox"/>	<input type="checkbox"/>	Ammeter/voltmeter	<input type="checkbox"/>	<input type="checkbox"/>
Power steering fluid	<input type="checkbox"/>	<input type="checkbox"/>	Fuses / breakers /	<input type="checkbox"/>	<input type="checkbox"/>
			Lighting indicators (turn signal, 4		
			way flashers, headlamp, brake		
			lamp, park brake lamp, 8 way lamp		
			system check)	<input type="checkbox"/>	<input type="checkbox"/>
			Fuel gauge functional	<input type="checkbox"/>	<input type="checkbox"/>
			Driver seatbelt	<input type="checkbox"/>	<input type="checkbox"/>
			Horn	<input type="checkbox"/>	<input type="checkbox"/>
			Heater/defroster	<input type="checkbox"/>	<input type="checkbox"/>
			Mirrors properly adjusted	<input type="checkbox"/>	<input type="checkbox"/>
			Windshield wipers / washers	<input type="checkbox"/>	<input type="checkbox"/>
			Safety/emergency equipment		
			fire extinguisher		
			reflective triangles		
			first aid, body fluids cleanup kits		
			seat belt cutter - if applicable	<input type="checkbox"/>	<input type="checkbox"/>
			Seats	<input type="checkbox"/>	<input type="checkbox"/>
			EMERGENCY EXITS:		
			door(s) / latch(s)	<input type="checkbox"/>	<input type="checkbox"/>
			windows (operational / buzzer)	<input type="checkbox"/>	<input type="checkbox"/>
			roof hatches (operational / buzzer)	<input type="checkbox"/>	<input type="checkbox"/>
			WHEELCHAIR - N/A <input type="checkbox"/>		
			Anchor points, belts, straps, lift	<input type="checkbox"/>	<input type="checkbox"/>
			inspection, interlock safety system		
			functional		

Driver Comments or explanation of defect(s) discovered:

Repairs completed by: _____ Date: _____